

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 3 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

27581 7590 03/13/2006

MEDTRONIC, INC.
710 MEDTRONIC PARK
MINNEAPOLIS, MN 55432-9924

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

15922,071 12/18/2001 Kurt R. Linsberg P-2558-04 3659

TITLE OF INVENTION: APPARATUS AND METHOD FOR AUTOMATED INVOICING OF MEDICAL DEVICE SYSTEMS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
------------	--------------	-----------	-----------------	------------------	----------

nonprovisional NO \$1400 \$300 \$1700 06/13/2006

EXAMINER	ART UNIT	CLASS-SUB-CLASS
----------	----------	-----------------

SCHAETZLE, KENNEDY 3766 607-032003

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 5 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Daniel G. Chapik
2. Paul H. McEwain
3. Girma Wolde-Michael

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

MEDTRONIC, INC.

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2008 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2576 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kurt R. Linberg Examiner: K. Schaetzle
Serial No.: 10/022,071 Group Art Unit: 3766
Filed: December 18, 2001 Docket: P8558.04
Conf. No. 3669
Title: APPARATUS AND METHOD FOR AUTOMATED INVOICING OF
MEDICAL DEVICE SYSTEMS

FEE ADDRESSEE FOR RECEIPT OF PTO NOTICES
RELATING TO MAINTENANCE FEES

Mail Stop M Correspondence
Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This letter is to specify that the FEE ADDRESSEE for this patent is as follows:

Master Data Center
300 Franklin Center
29100 Northwestern
Southfield, Michigan 48034-1095
U.S.A.
Payor Number: 000124

Any prior FEE ADDRESSEE for the above-identified U.S. patent is hereby revoked.

The above-identified U.S. patent was assigned to Medtronic, Inc., a Minnesota corporation, 7000 Central Avenue N.E., Minneapolis, Minnesota 55432. The Assignment was filed with the United States Patent and Trademark Office on May 9, 2002, REEL/FAME 0128904/0821. It is certified that the person whose signature appears below has the authority to change the FEE ADDRESSEE for this patent.

Respectfully submitted,

May 22, 2006
Date

/Daniel G. Chapik/
Daniel G. Chapik
Reg. No. 43,424
Telephone: (763) 514-3066
Customer No. 27581